Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

### UTILITY **PATENT APPLICATION TRANSMITTAL**

Attorney Docket No.		OBC-110.1					
First Inventor		Venkatesan					
Title Active Electrode		Composition With Graphite					

		1146		<del>,</del>				
(Only for new nonprovision	nal applications under 37 CFR 1.53(b)	) Ехр	ress Mail Label No.	EU7735	39625US	)		
2.5.	TION ELEMENTS	4 .	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231					
1. Applicant claims since 37 CFR 1.27. 3. Applicant claims since 37 CFR 1.27. 3. Specification (preferred arrangement) - Descriptive title - Cross Reference - Statement Regalier - Reference to see or a computer perior - Background of - Brief Summary - Brief Description - Detailed Description - Claim(s) - Abstract of the  4. Drawing(s) (35 U) 5. Oath or Declaration  a. Newly execution of the sign of	[Total Pages 27 ]  It set forth below) of the invention the to Related Applications arding Fed sponsored R & D equence listing, a table, program listing appendix the Invention of the Invention of the Drawings (if filed) ption  Disclosure	7 8	Computer Prog  Nucleotide and/or Ami (if applicable, all neces a. Computer Rec b. Specification Seque i. CD-RC ii. paper c. Statements vo  ACCOMPANYII  9. Assignment Pa 10. (when there is 11. English Trans 12. Information Di Statement (ID 13. Preliminary A  Return Receip (Should be sp 15. Certified Copy (if foreign price 16. Nonpublication	I-R in duplicate ram (Appendia ram (Appendia saary) adable Form (ance Listing of DM or CD-R (2 perifying identity of Postcard (Necifically itemia ray of Priority Derity is claimed in Request unopplicant mustices.	e, large table or x) ence Submission CRF) n: 2 copies); or y of above copies CATION PAR heet & document Power Attorne ent (if applicable) Copies Citation IPEP 503) Ized)	S TS (S)) of ty of IDS s		
or in an Application Data She Continuation Prior application information: For CONTINUATION OR DIVISI Box 5b, is considered a part of	CATION, check appropriate box, and set under 37 CFR 1.76:  Divisional Continuation-in-part (  Examiner: Laura S. Weine (  ONAL APPS only: The entire disclosure of the disclosure of the accompanying corelied upon when a portion has been in 19. CORRESPO	CIP)  of the prior  ontinuation  advertently	of prior application No.:_ Group Art r application, from which or divisional application a omitted from the submitte	09 , 994  Unit: 1745  an oath or decand is hereby in	4,278  Jaration is supplie	d under		
Customer Number or Bar Co	ode Label (Insert Customer No. or Atta	ach bar code la	or or	Correspor	ndence address below			
Name								
Address								
City		Stat	le	Zip (	Code			
Country			пе	F	эх			
Name (Print/Type)	Philip,H. Schlazer		Registration No. (Atto	mev/Agent)	42,127			
Signature	() Pala Dala	ر		Doda	06/25/2003	<del></del>		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

PTO/SB/17 (05-03)
Approved for use through 04/30/2003. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# **FEE TRANSMITTAL** for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 750.00

Complete if Kn wn					
Application Number					
Filing Date					
First Named Inventor	Venkatesan				
Examiner Name	Laura S. Weiner				
Art Unit	1745				
Attorney Docket No.	OBC-110.1				

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)					
Check Credit card Money Other None			3. ADDITIONAL FEES						
Deposit Account:				Large Entity   Small Entity					
Deposit			Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid_	
Account Number	05-1068		1051	130	2051		Surcharge - late filing fee or oath	- CO F AIG	
Deposit Account	Energy Conversion Devices	3	1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet		
Name			1053	130	1053	130	Non-English specification		
T promise in the latest and the late	s authorized to: (check all that apply) (s) indicated below  Credit any	ovėrpayments	1812	2,520	1812	2,520	For filing a request for ex parte reexamination		
125	y additional fee(s) during the pendency o		1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action		
	(s) indicated below, except for the filing		1805	1.840*	1805	1 840*	Requesting publication of SIR after		
to the above-id	lentified deposit account.		1000	1,040	1000	1,040	Examiner action		
	FEE CALCULATION		1251	110	2251	55	Extension for reply within first month	1	
1. BASIC F			1252	410	2252	205	Extension for reply within second month	-	
Large Entity			1253	930	2253	465	Extension for reply within third month		
Fee Fee Code (\$)	Fee Fee <u>Fee Description</u> Code (\$)	Fee Paid	1254	1,450	2254	725	Extension for reply within fourth month		
1001 750	2001 375 Utility filing fee	750.00	1255	1,970	2255	985	Extension for reply within fifth month	<del></del>	
1002 330	2002 165 Design filing fee	750.00	1401	320	2401	160	Notice of Appeal		
1003 520	2003 260 Plant filing fee		1402	320	2402	160	Filing a brief in support of an appeal		
1004 750	2004 375 Reissue filing fee		1403	280	2403	140	Request for oral hearing		
1005 160	2005 80 Provisional filing fee		1451	1,510	1451	1,510	Petition to institute a public use proceeding		
	SUBTOTAL (1) (\$) 7	50.00	1452	110	2452	55	Petition to revive - unavoidable		
2 EVIDA			1453	1,300	2453	650	Petition to revive - unintentional		
Z. EXIRA	CLAIM FEES FOR UTILITY AN	om	1501	1,300	2501	650	Utility issue fee (or reissue)		
Total Claims	Extra Claims below	Fee Paid	1502	470	2502	235	Design issue fee		
Independent			1503	630	2503	315	Plant issue fee		
Claims Multiple Depe		4 10	1460	130	1460	130	Petitions to the Commissioner		
i '	<u> </u>	J ₹	1807	50	180	7 50	Processing fee under 37 CFR 1.17(q)		
Large Entity Fee Fee	Small Entity Fee Fee Fee Description		1806	180	1806		Submission of Information Disclosure Stmt		
Code (\$)	Code (\$)	^	8021	40	802	1 40	Recording each patent assignment per property (times number of properties)		
1202 18 1201 84	2202 9 Claims in excess of 2 2201 42 Independent claims in	-	1809	750	2809	375	Filing a submission after final rejection (37 CFR 1.129(a))		
1203 280	2203 140 Multiple dependent cl		1810	750	2810	375	For each additional invention to be		
1204 84	2204 42 ** Reissue independe over original patent		1801	750	2801	375	examined (37 CFR 1.129(b))  Request for Continued Examination (RCE)		
1205 18	2205 9 ** Reissue claims in e and over original pa	excess of 20	1802	900	1802		Request for expedited examination of a design application		
Jan 0 00			Other fee (specify)						
**or numbe	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0.00  *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0.00								

SUBMITTED BY				(Complete	(if applicable)
Name (Print/Type)	Philip H. Schlazer	Registration No. (Attomey/Agent)	42,127	Telephone	248-293-0440
Signature	Wen A. Schar			Date	June 25, 2003

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Our Reference: OBC-110.1

**PATENT** 

#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Venkatesan, et al.

Serial Number:

Unknown

Filing Date:

Unknown

Title:

ACTIVE ELECTRODE COMPOSITION WITH GRAPHITE

**ADDITIVE** 

#### CERTIFICATE OF MAILING BY EXPRESS MAIL

Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is specification (27 pages), Utility Patent Application Transmittal, Fee Transmittal for FY 2003 and Return Receipt Postcard in above-identified patent application.

I hereby certify that this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 in an envelope addressed to: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on <u>June 25, 2003</u>, by U.S. EXPRESS MAIL LABEL NO.: <u>EU773539625US</u>.

Melinda Dildine

ille Add.

## NOTICE OF FEE DUE

DATE: 2506 - 7	2.3	<b>5</b>		
TO: 7/6 (/				
FROM: Office of Initial P	atent Exan	inagoi		
SUBJECT: Fee Due				
APPLICATION NUMBER:	100	6036	<i>3</i> 7	
A fee is due for the attached do Office for the following reason authorization to charge a depos charge the appropriate fee. If a the fee deficiency.	I. Please cl	neck the applica	tion for the	appropriate
☐ Insufficient fee by check				
Insufficient funds in deposit	account			
Declined credit card				
☐ Non authorization for charge	to deposit	account		
☐ No fee submitted per require	ment -			
	•			
The correct fee code: _/00		amount	\$	70
The suspended fee code: 197		amount	- \$	
Fee Due		amount	=\$	70
If you have any questions, please Eleanor Kurtz at 703-308-3642.	contact Cy	nthia Streater a	1 703-306-5	430 or
Terminal Operator	2110	1	7.40	Age N

